



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

November 17, 2006



Commemorating 75 Years of Service

The Honorable Larry E. Craig
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

Enclosed is the Tenth Annual Report of the Advisory Committee on the Readjustment of Veterans. As required by section 545 of title 38 U.S.C., the report provides an assessment of veterans' readjustment needs and a review of the Department of Veterans Affairs' (VA) services and programs available to meet these needs. Also enclosed are VA's responses to the Committee's recommendations.

I am pleased to be able to provide this information. The Committee's recommendations contained in the report are consistent with VA's mission to provide our Nation's war veterans with high quality services in a timely manner. In 2005, the Committee continued to focus on a review of VA's transition activities devoted to ensuring ready access to VA programs for the new veterans returning from the combat theaters in Afghanistan and Iraq.

A similar letter has been sent to other leaders of the Senate and House Committees on Veterans' Affairs.

Sincerely yours,



R. James Nicholson

Enclosures

Department of Veterans Affairs (VA)

VA Responses to Recommendations Submitted to the Secretary of Veterans Affairs on March 29, 2006, by the Advisory Committee on the Readjustment of Veterans

Recommendation 1: The Committee recommends that VA continue to fully support institutionalization of the service activities and functions of the Seamless Transition Program Office. Given that full implementation of an interagency system of seamless transition from active military to veteran status is contingent upon timely transfer of relevant information from the military to VA, the Committee recommends that VA and Department of Defense (DoD) continue ongoing collaboration to fully implement a system of automated information exchange compatible to the needs of both agencies to include the following categories of information:

a. The Committee recommends that VA and DoD continue collaborative efforts to establish full and timely electronic transfer of individual military medical information, to include relevant military medical records with specific diagnoses made and treatments provided.

b. The Committee recommends that VA and DoD work together to establish a system for automated transfer of military experience information to include years and branch of service, military occupation specialty, military awards, campaign ribbons and/or unit citations, Prisoner of War (POW) status and/or membership in special operations units. Specific documentation of the period and location of service provides vital information needed to establish possible war-related stresses associated with types of combat military operations such as wars, armed conflicts and/or peacekeeping missions under hostile conditions. Documentation of specific periods and locations of service also provides vital information as to natural environmental hazards related to weather and terrain, war-related environmental exposures, any other adverse medical conditions and war-related traumas, physical and psychological.

c. To promote effective and timely outreach, the Committee recommends transfer of demographic and geographic information regarding total troop strengths for particular conflict operations broken out by gender, ethnicity, branch of service, and by Active Military, National Guard and Reserve. Also important in this category is geographic information about the number of demobilizing military personnel, the localities of specific demobilizing units and demobilization sites, and the service member's home locality information by state, city and zip code. The latter information enables VA outreach workers to target the populations of those service men and women soon to become veterans eligible for VA services.

VA Response to 1a: VA and DoD have made significant progress toward achieving interoperability of available electronic medical information and now have the capacity to support both one-way and bi-directional sharing of electronic health information. The Federal Health Information Exchange (FHIE) supports the one-way transfer of all clinically pertinent electronic data from the DoD Composite Health Care System (CHCS) to clinicians in the Veterans Health Administration (VHA) and to benefits workers in the Veterans Benefits Administration (VBA). FHIE is operational at all VA medical centers and facilities. To date, DoD has transferred records on over 3.3 million unique service members to the shared FHIE repository. Of this 3.3 million, over 2 million have registered to receive medical treatment or benefits from VA. FHIE also supports the transfer of historical military pre- and post-deployment health assessment data. To date, DoD has transmitted more than 1.2 million pre- and post-deployment health assessments on over 512,000 individuals that have returned from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). These assessments provide useful data to VA clinicians including information about exposures and other stressors related to combat deployments.

VA and DoD also have developed the capability to share electronic medical records bi-directionally for those patients where the care is shared between the two agencies. The VA/DoD Bidirectional Health Information Exchange (BHIE) supports the real-time bidirectional exchange of outpatient pharmacy data, allergy information, lab results, and radiology reports between all VA facilities and select DoD host sites. These DoD sites include locations that receive large numbers of OEF and OIF combat veterans, such as the Walter Reed Army Medical Center, the Bethesda National Naval Medical Center, and the Landstuhl Army Medical Center in Germany. In addition, the Clinical and Health Data Repository (CHDR) initiative seeks to ensure the interoperability of the DoD Clinical Data repository with the VA Health Data Repository. CHDR software permits the bidirectional exchange of computable clinical data so that DoD TRICARE and HealtheVet beneficiaries receive seamless care. CHDR is currently in production testing in El Paso, Texas.

VA Response to 1b: VA concurs with the Committee's recommendation for improved cooperation between VA and DoD for the purpose of communicating veterans' military experience information. VA understands the value of such information to enhance its capacity to document the existence of military-related stressors and environmental exposures as these relate to veterans' disability benefits claims and provision of health care. VA's Office of Information and Technology has taken steps to expand the scope of information exchange with DoD. Specifically, a joint VA/DoD Data Sharing Plan has been developed for implementation in fiscal year 2007. This plan will consolidate the many disparate data exchanges that currently pass between the two agencies. The plan will include relevant military history categories such as combat operations, contingency deployments, geographic locations, and periods of Guard and Reserve activations.

DoD has provided information to assist VA in identifying veterans who had been exposed to various chemical agents during their military service. VA has contacted veterans participating in Project 112/SHAD tests and those identified as having been exposed to mustard gas, Lewisite or other chemical or biological substances to inform them of potential benefits eligibility.

VA Response to 1c: VA concurs with this recommendation for improved demographic information sharing with DoD for the purpose of promoting more effective outreach to returning service members to include National Guard and Reserve component personnel. VA's Office of Information and Technology is currently supporting VA outreach efforts with service member information that includes unit addresses, home addresses, and other geographic contact information. Release of such information regarding troop strength and deployments may be limited, however, to the extent that DoD determines that its release is sensitive and poses a security risk. Beginning in November 2004, all persons inducted in the five military branches received VA Pamphlet 21-00-1, "A Summary of VA Benefits", through military entrance processing stations. For separating service members, VA's Veterans Assistance at Discharge System generates the mailing of a "Welcome Home Package" that includes a letter from the Secretary, the benefits pamphlet, and a benefits timetable. VBA representatives provide information on veterans benefits at military briefings, which are required for all exiting personnel. VBA's Benefits Delivery at Discharge Program allows service members to apply for service-connected compensation within 180 days prior to discharge. The required physical examinations are conducted and service medical records reviewed. Currently, 140 military installations worldwide participate in this program.

Recommendation 2: Given that over 40 percent of the Nation's current military force is comprised of National Guard (NG) and Reserve Component personnel, and that these service members tend to be on the average older, married with families and established employment careers, the Committee recommends that the Under Secretary for Health (USH) ensure full and adequate funding for Vet Center outreach programs specifically targeted to inform and engage returning NG and Reserve soldiers.

VA Response: VA concurs with this recommendation and VHA has fully funded the Vet Center program's focused outreach campaign currently underway. The Vet Centers are actively conducting outreach at military demobilization sites, to intervene early with veterans returning from combat in Afghanistan and Iraq. All veterans are provided educational information about VA services and benefits, and in some cases, they are provided more substantive one-on-one interventions including assessments for Post-Traumatic Stress Disorder (PTSD) and other readjustment problems. Not all returning veterans have PTSD, but most could benefit from some readjustment services. The Vet Centers are also one of the main

VHA participants in the DoD administered Post Deployment Health Reassessment (PDHRA) screening initiative that targets National Guard and Reserve troops 90 to 180 days after their return from the war. Since the beginning of hostilities in Afghanistan and Iraq, the Vet Centers have seen over 170,000 OEF/OIF veterans, of which over 130,000 were documented outreach contacts seen primarily at military demobilization and National Guard and Reserve sites.

Recommendation 3: Given the centrality of employment concerns among the readjustment problems of older returning NG and Reserve troops, the Committee recommends that VA's Office of Seamless Transition include the Office of Veterans Employment and Training of the Department of Labor as a full interagency partner in their efforts to coordinate a seamless transition for new veterans.

VA Response: VA concurs with the Committee's recommendation. The Department of Labor (DOL), DoD and VA have developed numerous programs to assist Reserve and National Guard members as they transition from military to civilian life. Approximately 28 percent of the Army National Guard and Reserve personnel are over the age of 40 and many left mid-level civilian management positions upon entering active military duty which in most cases extends for over a year of deployment. Working in partnership with the National Guard Bureau (NGB), VA has signed a Memorandum of Agreement (MOA) to improve coordination of veteran's benefits at the state level. This partnership will enable VA and NGB to establish state coalitions within each state to promote improved services for returning veterans. NGB recently hired 54 State Benefits Advisors (SBA), one for each state and territory. The SBAs will facilitate access to VA services and benefits for all Reservists and National Guard personnel who return to the state following deployment. To further enhance this effort, VA, in collaboration with NGB, recently trained the 54 SBAs regarding available resources to serve veterans through VHA, the Veterans Benefits Administration (VBA), TRICARE and DOL. Additionally, DOL is designating a representative in each state to support and coordinate all service activities geared to helping returning Guard and Reserve troops in need of employment following their redeployment. The DOL points of contact will be active members of the state coalition that is being established in each state.

On an ongoing basis, VA provides briefings for separating military personnel, including pre- and post-deployment briefings for Reserve and National Guard members. VBA representatives also conduct overseas briefings at major military sites in cooperation with DoD. VBA has greatly expanded its outreach to Reserve/Guard members, with over 1,100 briefings conducted so far this year for approximately 78,500 Reserve/Guard members.

In 2005, an MOA was developed between VA's Vocational Rehabilitation and Employment (VR&E) Service and the Department of Labor's Veterans' Employment and Training Service (VETS). This MOA documents the agreement between the

two programs that the successful rehabilitation of disabled veterans into the civilian workforce is a shared responsibility, and lays the groundwork for both parties to actively cooperate and coordinate to this end. Currently, representatives from both agencies are co-located at over 50 regional offices and other community locations nationwide. DOL VETS' REALifelines and VR&E's Coming Home to Work Initiative are both implemented at shared Military Treatment Facilities nationwide and are providing early outreach and employment-related services. A joint DOL/VR&E work group was established in April 2006 to develop action plans to implement data sharing activities, cross training, and performance measures to assess the success of the partnership.

Recommendation 4: Given that NG and Reserve personnel are under separate leadership hierarchies, the Committee recommends that VA outreach efforts be specifically tailored for the two service components and coordinated with the unique command structures of each of the military organizations.

VA Response: VA concurs with this recommendation. As reported in VA's response to Recommendation 3 above, VA has signed an MOA with NGB to improve coordination of veteran's benefits at the state level. This partnership will enable VA and NGB to establish state coalitions within each state. NGB recently hired 54 SBAs, one for each state and territory. The SBAs will facilitate and enhance access to VA services and benefits for all Reservists and National Guard personnel who return to the state following deployment. By using the joint force headquarters and state MOAs, specifically tailored interventions will be established by the National Guard for troops returning to the state. The United States Army Reserve (USAR) Command is preparing a similar MOA with VA to provide access to returning USAR troops. VA plans to establish MOAs with the Reserves of the other branches of service in the near future. As stated in our response to recommendation 3, VA has greatly expanded its outreach to this group. National and local contacts have been made with Reserve/Guard officials to enhance outreach efforts. Members of the Reserve and Guard forces receive the Welcome Home Package, which includes information about veterans benefits. They are also encouraged to attend the formal 3-day Transition Assistant Program (TAP) workshops.

Recommendation 5: In view of the Vet Center program's central role in providing outreach and early intervention to returning war veterans and given Dr. Hoge's findings related to the psychological stigmas of many combat soldiers against accessing professional help for war-related problems, the Committee recommends that VA fully support the Vet Center program's Global War on Terror (GWOT) outreach campaign with sufficient staff and other resources. The Committee further recommends that such resources be external to the Vet Center program's current operating budget and be converted to career for all 100 GWOT outreach workers.

VA Response: VA concurs with this recommendation. VHA has fully funded the GWOT Outreach Program and the USH has authorized the conversion for all 100 of the GWOT outreach workers to career employee status. These employees were originally hired on a three-year term basis at targeted Vet Centers to promote and enhance outreach to the new cadre of war veterans returning from OEF/OIF. VA understands that outreach conducted by fellow GWOT veterans from the same theater of combat operations goes a long way toward establishing rapport with the new veterans and relaxing their stigmas against accessing care. VA concurs that the Army studies conducted by Dr. Hoge et. al., provide invaluable evidence-based findings regarding the stigmas and fears associated with screening positive for PTSD and other war-related mental health or readjustment problems among returning combat veterans. The confidentiality offered at Vet Centers tends to mitigate some of these concerns of veterans, some of which pertain to their continued military readiness and employability for those continuing in the Guard and Reserves. The sensitive outreach programs used by Vet Center staff across the country have resulted in the provision of timely Vet Center services to significant numbers of returning OEF/OIF veterans and family members. As reported above, the Vet Centers have seen over 170,000 OEF/OIF veterans, of which over 130,000 were outreach contacts seen primarily at military demobilization and National Guard/Reserve sites. VA understands that Guard and Reserve soldiers make up close to 50 percent of the fighting forces in OEF/OIF and that there are unique logistical issues involved in providing outreach and follow-up care to this military contingent. Many of the Vet Center program's outreach efforts are specifically targeted to returning National Guard and Reserve troops, and a significant number of the 85,000 OEF/OIF outreach contacts reported above are National Guard and Reserve returnees.

Recommendation 6: Given that Vet Centers are engaged in conducting an aggressive outreach program and that Vet Center counselors are providing services at close to capacity, the Committee recommends that VA provide resources external to the Vet Center program to establish new Vet Centers and to augment staff at existing Vet Centers. The Committee further recommends that the sites for new Vet Centers and staff augmentation be strategically identified in conjunction with the Readjustment Counseling Service based on such criteria as large veteran populations currently underserved, underserved rural areas, and proximity to military demobilization sites.

VA Response: VA concurs with this recommendation. Based upon veterans' demographic data and Vet Center utilization trends provided by the Readjustment Counseling Service, the USH has recently approved, and has already taken steps to implement a plan to establish two new Vet Centers and to augment the staff by one position each at eleven existing Vet Centers.

Recommendation 7: In view of the central role played by Vet Center staff volunteers in responding to national emergencies over the years and in view of the relatively small size of the program's scarce human resources, the Committee recommends that VA provide resources as necessary to support a more permanently established Vet Center emergency response program. In the Committee's view this would include resources for training and certifying a larger cadre of qualified staff, travel funds to sufficiently support mobilizing and housing response teams for several weeks, local travel funds to support outreach, case management and coordination in devastated areas, and funds to temporarily back fill vacated staff positions at Vet Centers.

VA Response: VA concurs in principle with this recommendation. VHA has, and will continue to take all actions as appropriate and necessary in response to national emergency situations as planned within through its Emergency Medical Strategic Health Group (EMSHG) in Martinsburg, West Virginia, and/or as tasked in partnership with other federal agencies such as the Department of Homeland Security. In this regard, the USH will confer with the Chief Readjustment Counseling Officer regarding any added funding necessary to maintain the Vet Center's program's capacity to respond to possibly prolonged national emergency situations. In responding to emergency situations, Vet Center staff work in partnership with other VHA elements such as the local VISN and the EMSHG. Vet Center operations, however, remain under the supervision of the Chief Readjustment Counseling Officer to maintain continuity with the Vet Center mission. Vet Center emergency operations are planned to optimize the utilization of a scarce resource as compared to other VHA program elements. Vet Center program efforts are focused toward assisting Vet Center staff and local veteran clients and families in the affected areas. In some cases, such as the September 11, 2001 terrorist attack in New York City, Vet Center staff additionally provided assistance to community emergency responders, both civilian and military, and other local VHA employees.

Recommendation 8: The Committee understands the deleterious impact of Hurricane Katrina on the readjustment of troops from the Louisiana National Guard returning from a tour in Iraq at the same time. In this regard, the Committee commends the Vet Center program for its efforts to coordinate with active military and local National Guard officials and to provide outreach and debriefing services for several thousand Louisiana National Guard soldiers at the Ft. Polk demobilization site. Many of these soldiers from the New Orleans area required additional counseling services related to loss of property and family members, or both. Also, the associated anarchism and loss of community in New Orleans was an added stressor for many soldiers returning from war. The Committee recommends that destruction of American communities due to disaster, natural, civil, and/or terrorist, be recognized as serious stressors affecting the readjustment

of war soldiers, and that the Vet Center program's response in such situations be fully supported via sufficient resources.

VA Response: VA concurs with this recommendation and fully supports the exemplary initiative of the Vet Center program to reach out and respond to veterans and family members in need during times of natural disaster and/or civil emergency. Having a cadre of trained and experienced veteran professionals on staff, the Vet Centers have been a key component of VA's disaster response efforts since the Loma Prieta earthquake. The program's history of early response to veterans, family members and other members of the local community also include the Oklahoma City bombing, the civil disturbances in Los Angeles following the Rodney King incident, the September 11, 2001 terrorist attack on New York City, and Hurricane Katrina. In all such cases VA's responders are partially engaged in local community reparative activities.

Recommendation 9: Given that many young men and women enlist in the armed forces to gain access to financial resources to be used in pursuit of higher education following their military service, the Committee recommends that VA undertake a proactive campaign to inform veterans about educational opportunities readily available to veteran returnees from combat duty in Afghanistan and Iraq. In the Committee's view such an initiative would entail active outreach by VA nationwide to: 1) establish effective liaison with all colleges and universities within local catchment areas; 2) inform GWOT veterans of higher educational opportunities; 3) encourage veterans to take advantage of available educational resources; and 4) provide such supportive assistance to the veteran as necessary to facilitate referrals for enrollment in career enhancing educational programs. The Committee further recommends that the community-based Vet Center program take a lead role in this endeavor and that Vet Center service providers fully incorporate education and career development into the clinical assessment and treatment procedures.

VA Response: VA concurs with the spirit of this recommendation. VA's Education Service has the lead role in managing the programs providing educational benefits to veterans and their eligible dependents. Information about educational and other veteran benefits is provided to military personnel after completing 12 months of military service. Additional information is provided to them after completing 24 months of service and again when VA is notified that the service member is within 6 months of release from active duty. The DOL/VA Transition Assistance Program gives every service member the opportunity to receive benefits information weeks before discharge from active duty. Additionally, information about education benefits is included in VA's mailing to recently discharged veterans. VA's Education Service is currently working with National Guard and Reserve contacts to provide information to units that have been activated in support of GWOT. Further, working through National Guard and Reserve Commands and encouraging participation in

the Transition Assistance and Disabled Transition Assistance Programs allow us to provide information to the returning soldier's unit at deactivation or as a part of his or her monthly training. VA concurs with the Committee's recommendation for the Vet Centers to include awareness of veterans' educational programs within the Vet Center's outreach and counseling activities, and to make referrals to VA's Educational Processing Offices as appropriate.

Recommendation 10: The Land Combat Study, undertaken by Dr. Charles Hoge, provides significant research findings regarding the combat-related stressors of military duty in OEF/OIF, the mental health and other readjustment problems of returning war veterans and the psychological stigmas against their readily accessing care for such problems. Given these findings, the Committee recommends that VA's community-based Vet Centers be fully utilized to provide veterans with early intervention and supportive education for suicide prevention, substance abuse prevention and family relationship wellness counseling. In the Committee's view, such early intervention strategies will help veterans stabilize their life circumstances and help to preclude the development of more chronic problems.

VA Response: VA concurs with this recommendation. The Readjustment Counseling Service (RCS) is implementing several training initiatives that correspond directly to the components of this recommendation. The RCS has established a partnership with the Program Evaluation and Resource Center of VA's Palo Alto Health Care System and Stanford University School of Medicine to produce a web-based training program entitled, "Brief Motivational Interviewing for Substance Use Disorders." This project will provide all Vet Center counselors with access to a web-based educational resource. Additionally, the RCS has established a partnership with the Department of Psychiatry of the University of Rochester Medical School to provide training to all Vet Center staff in fiscal year 2006 on community-based, public health models of suicide prevention. Family education and preventive health care approaches to improving veterans' post-war family life are long established components of the Vet Center readjustment counseling service mission and are fully available for the new era of veterans returning from Afghanistan and Iraq. The latter family education services are being enhanced by a third training initiative this year. All Vet Center Team Leaders are receiving Battlemind Training provided by qualified research psychologists from the Walter Reed Army Institute of Research. As implemented by the Army, Battlemind Training is designed to prepare the soldier mentally for the rigors of deployment and combat, and assist the soldier in the transition home process. Family members are included in the latter part of the training. The training is a technique that shows service members how the attitudes and behaviors developed for survival in combat may present readjustment problems upon the service member's return to home and family life. Incorporation of these ideas by Vet Center staff service providers will promote continuity with the military and increase the availability of this training for National Guard and Reserve veterans and family members.

Recommendation 11: The Committee understands that, due to the heavy commitment of National Guard and Reserve component forces in OEF/OIF, close to 50 percent of the fighting force now serving is married and has a family. Therefore, the target population of families and family members potentially eligible for family readjustment counseling at Vet Centers is significantly increased in comparison to former combat eras. Given this situation among the new population of returning war veterans, the Committee recommends that VA increase the family therapy capacity of the Vet Center program by adding a qualified family therapist to the staff of some Vet Centers, the number and location to be determined by RCS in conjunction with the USH.

VA Response: The provision of holistic services to veterans and family members is a core component of VA's community-based Vet Center program. By combining professional readjustment counseling, with family services, outreach, and community coordination of care, the Vet Centers focus on alleviating the psychological symptoms and social readjustment problems arising from veterans' traumatic war-time experiences.

Federal law authorizes the Vet Centers to provide family therapy as a core component of readjustment counseling. As provided at Vet Centers, family counseling is available as necessary in connection with any psychological, social, or other military-related readjustment problem, whether service-connected or not. Additionally, the provision of family services at Vet Centers is not time limited, but rather available as necessary for the veteran's readjustment throughout the life of the veteran.

The Vet Center program has an extensive cadre of licensed clinical social workers, psychologists and nurse psychiatric clinical specialists that can and do provide family assessments, psycho-social education, preventive healthcare information, supportive social services, basic counseling and referrals. A number of the program's licensed mental health professionals also have the professional expertise to provide marital and family therapy. The criteria defining a family therapist for this purpose includes any VA qualified mental health professional with the required education and supervised clinical experience in family therapy.

In the wake of the hostilities in Afghanistan and Iraq, the Vet Centers have prioritized providing timely and effective services to veterans of the Global War on Terrorism (GWOT) returning from combat duty in Afghanistan and Iraq. Following Secretarial authorization in 2003, the Vet Center program has seen over 120,000 veteran returnees from OEF/OIF for outreach, education and direct counseling services. Early intervention via outreach and preventive counseling services help returning veterans stabilize their post-military family and work lives, thereby reducing the risk of subsequently developing more chronic forms of PTSD and associated family problems.

VA is actively monitoring Vet Center program workload and, in conjunction with the Office of the Chief Readjustment Counseling Officer, reviewing evidence for areas of unmet need for family services and sites recommended for augmentation with a family therapist.

DEPARTMENT OF VETERANS AFFAIRS
ADVISORY COMMITTEE
ON THE READJUSTMENT OF VETERANS

March 2006

Tenth Annual Report

- I. **The Committee and its Mandate:** In compliance with the provisions of Public Law 104-262, Section 333, this document is the annual report of the Department of Veterans Affairs (VA) Advisory Committee on the Readjustment of Veterans to the Secretary of Veterans Affairs. The Advisory Committee on the Readjustment of Veterans is mandated to:
 - Assemble and review information relating to the needs of veterans in readjusting to civilian life.
 - Provide information relating to the nature and character of psychological problems arising from service in the armed forces.
 - Provide an on-going assessment of the effectiveness of the policies, organizational structures, and services of the Department of Veterans Affairs (VA) in assisting veterans in readjusting to civilian life.
 - Provide on-going advice on the most appropriate means of responding to the readjustment needs of veterans in the future.
 - In carrying out these activities, the Committee shall take into special account the needs of veterans who have served in a combat theater of operations.
- II. **Committee's Mission Statement:** To promote the effectiveness and adequacy of VA programs, to include the availability, ease of access, quality and consumer satisfaction with delivery of services designed to meet the readjustment needs of America's war veterans, by providing consumer-based recommendations to the Secretary of Veterans Affairs.
- III. **Committee's Scope:** The Committee functions as an external body of veteran consumer representatives charged with assessing the quality of VA services for veterans' post-war readjustment. As such, the Committee is responsible for formulating recommendations that are focused on service

delivery outcomes evaluated in terms of the primary domains of value: **access to care, technical quality** (to the extent that visiting Committee members have the clinical credentials to make such an assessment), **functional status** and **customer satisfaction**. VA organizational structures and program policies are appropriate subjects for the Committee's evaluations to the extent that they potentially affect the quality of veteran service outcomes.

IV. Committee's Methodological Objectives:

1. To conduct meetings to review and evaluate formal presentations by program officials and documents covering program workload data, program policy guidance, program standards of care and clinical guidelines.
2. To conduct meetings to review and evaluate the results of scientific research regarding the frequency and dynamic manifestations of PTSD and other war-related readjustment problems.
3. To conduct meetings to review pending legislation that pertains to veteran services.
4. To conduct field visits to VA facilities to observe and directly review the provision and coordination of services, to engage in discussions with VA program officials and service providers, and to engage in discussions with veteran clients where clinically appropriate. Committee field visits are a priority means for fulfilling the provisions of its mandate to represent the service needs of various war veteran populations throughout the country. Field visits afford Committee members the opportunity for direct access to information related to (1) veterans' needs and service-related concerns and (2) VA program operations.

V. VA Service Functions of Value for Veterans' Readjustment: Based on its legislative mandate and input derived from veterans, and VA service providers and program managers, the Committee has identified several service functions that are of essential value to veterans' post-military readjustment.

1. **Readjustment Counseling:** The more-than-medical, community-based service functions provided by the Vet Center program are critical to veterans' readjustment and as the Committee has frequently recommended, VA should take steps as necessary to ensure the continued integrity of the program's resources and organizational structure. On an annual basis the Vet Centers provide approximately one million visits to over 130,000 veterans, approximately one third of whom access VA services only at Vet Centers for the treatment of war trauma. In the Committee's view, the Vet Center

program provides unique service functions to war-traumatized veterans not available anywhere else in VA:

- Services designed to welcome new war veterans home with honor and to convey respect and appreciation for the veterans' military service.
- Services responsive to veterans' direct input.
- Services that promote physical health and wellness.
- Services that help the veteran maintain gainful employment.
- Professional counseling services that help veterans cope with, and transcend the more deleterious consequences of the traumas of war.
- Family counseling that helps veterans adopt functional family roles and relationships.
- Supportive social services that promote the full range of improved social functioning in the community.

2. PTSD Treatment Programs: The Committee believes that maintaining the capacity for technically proficient PTSD treatment for military-related war trauma and sexual trauma is central to VA's service mission to veterans. The Committee continues to monitor the distribution of special PTSD treatment programs in VHA. In the Committee's view PTSD program planning should be a strategic priority in every VISN, and should be based on veterans' needs, local demographics and evidence-based program outcome measures. PTSD programming is central to the mission of VA and should not be a matter solely of economic efficiencies. In addition, the Committee believes that veterans should have ready access to technically proficient mental health treatment for psychiatric disorders that are frequently co-morbid with PTSD, such as substance abuse, depression, and/or anxiety disorder.

3. Primary Care: Also central to VA's service mission to veterans is access to quality primary health care with particular attention to service connected war injuries and stress-related disorders such as hypertension that may be interactive with chronic PTSD in older and minority veterans. In this regard, the Committee notes the significance of the provisions in current law authorizing VA to provide health care to some returning combat veterans without evidence for service connection. Procedures for implementing this authority are contained in VHA Directive 2002-049, September 11, 2002. In the Committee's view, active partnerships between local Vet Centers and VISN medical facilities should continue to be promoted and specifically articulated in VISN strategic plans. Specific areas of interest include community-based access to care (Vet Centers annually make over 100,000

referrals to VA medical facilities), community outreach to high-risk war veterans, extending VA primary care closer to veterans' communities via co-location and tele-health initiatives, and fully coordinated local PTSD treatment programs. The Committee has previously recommended augmenting the Vet Center linked primary care initiative by adding resources to augment the number of Vet Centers equipped with tele-health linkages to VA medical facilities.

4. **Access to Care:** In the Committee's view, community outreach and other accommodations to improve access to care for veterans are essential to veterans' readjustment. This is true both from the standpoint of ensuring timely provision of services for new eras of veterans returning from combat and peace-keeping missions, as well as, for overcoming psychological and cultural barriers to care. With particular reference to socially alienated, war traumatized veterans, the Committee understands that the avoidance symptoms of PTSD function as internal psychological barriers to care which must be relaxed via a safe and accepting therapeutic setting before PTSD treatment can be effectively begun. In this regard, Vet Center counselors are especially effective in forging alliances with local veterans through outreach contacts in the community prior to initiating more formal individual and/or group counseling at the Vet Center.
5. **Cultural Competence:** The Committee strongly promotes cultural competence for all VA programs. VA service functions should recognize the diversity of the American veteran population and promote the contributions of different ethnic groups and both genders to the defense of the nation through military service. For this purpose the Committee has several times recommended that VBA and VHA program reports be broken out by the gender and the ethnicity of the veteran. Without this information VA is unable to effectively evaluate whether veteran groups are represented commensurate to their numbers in the military and/or to the known rates of PTSD specific for various veteran groups.
6. **Case Management:** In the Committee's view, veterans' readjustment is a more-than-medical, lifecycle adjustment requiring assessment of the veteran's quality of life and full range of functioning within the community. The Committee contends that the outcome for successful post-military readjustment is more than economic security and/or physical health. Quality of life measures are additional important outcomes for VA programs that contribute value to veterans' readjustment. Effective treatment of the whole veteran, in this regard, requires VA to effectively coordinate multiple services for veterans in a responsive and holistic manner.
7. **Knowledge of Military Culture and Experience:** The Committee contends that all VA service providers should maintain an informed understanding of the military and specific military campaigns and operations sufficient for

developing therapeutic rapport, understanding veterans' military experiences and completing a comprehensive military history. A high priority for veterans' health care is the development and maintenance of a knowledge base of military-related experiences and exposures of particular consequence for post-military health, level of functioning and quality of life. In this regard, the Committee believes that systematic and comprehensive military histories are an integral component of veterans' health care assessments and treatment plans, and that military histories should be established as a clinical standard of care for all VA health care programs. The goal is to develop and maintain an increasingly more complete inventory of war-zone conditions that have adverse consequences for veterans' post-war health, readjustment and level of functioning. Such an inventory would include life threatening stressful combat experiences, exposure to toxic environmental agents, physical wounds and amputations, and/or other illnesses and injuries specific to the veteran's military occupation and/or the climate and terrain where the veteran served.

8. Family Counseling: The Committee strongly promotes family counseling as an important adjunct to the individual and/or group treatment of war trauma for some veterans to help improve the level of veterans' family functioning and to manage the possibly adverse affects of the veteran's psychological trauma on other family members. The latter is particularly important for precluding the risk of transmitting psychological trauma to the veteran's children through the latter's trauma distorted parenting behaviors. The Committee has previously recommended that VHA augment the Vet Center program's capacity to provide family counseling to war traumatized veterans by providing additional resources for qualified family therapists at some Vet Centers, the number and location of which to be determined by RCS.

9. Employment and Education Counseling: Employment and education counseling are central to veterans' post-military readjustment and career development. The goal of such services is to assist veterans realize their maximum employment and career potential. Such services may include vocational assessment and testing, referrals for job-finding services, and/or referrals for educational programs deemed necessary for the veteran's career plans. All such services should be coordinated with counseling for PTSD when war-related traumas are a complicating factor impairing the veteran's capacity for successful employment functioning.

VI. Summary of Committee Activities for the Year: In October 2005, the Committee conducted a two-day meeting in Washington, DC. For the second consecutive year, the main focus of the Committee's activities was on the military-related service needs of returning veterans from the war on terrorism in Afghanistan and Iraq. For this purpose the Committee was host to briefings from the Walter Reed Army Institute of Research, Division of Psychiatry and Behavioral Science, and the following VA program offices:

Seamless Transition, Compensation and Pension Service, Readjustment Counseling Service, and Mental Health Services.

1. Summary of VA Program Activities:

- VA's Director of the Seamless Transition Program Office reported working on several collaborative initiatives with DoD to enhance an effective and smooth transition to civilian life for military service members: (a) improved transfer of individual identifying medical information from DoD to VA, (b) implementation of the Post-Deployment Health Reassessment (PDHRA) survey project designed to screen for military-related problems and to facilitate referrals for VA care, and (c) development of VA and National Guard Bureau working agreements with individual state governments to improve services to returning National Guard personnel.
- National level program officials for VA's Compensation and Pension Service informed the Committee that a total of 244,874 claims are currently service connected for PTSD for all veteran eras. With particular reference to OEF/OIF veterans, out of a total of 101,235 claims for all conditions, 64,810 have been granted service connection. Of the latter, 3,986 have been service connected for PTSD.
- The Chief Readjustment Counseling Officer presented the Committee with an update on Vet Center program initiatives specifically regarding the extension of services to returnees from OEF/OIF in Afghanistan and Iraq. Since the onset of the hostilities in 2003, the Vet Centers have prioritized providing a proactive and aggressive outreach campaign to veterans of the Global War on Terrorism (GWOT) as they return from combat duty in Afghanistan and Iraq. Early intervention via outreach and preventive counseling services help returning veterans stabilize their post-military family and work lives, thereby reducing the risk of subsequently developing more chronic forms of PTSD and associated family problems. To date, the Vet Centers have served over 90,000 OEF/OIF returnees to include those seen for outreach and educational contacts, as well as those provided with more intensive clinical services. Vet Center counselors system-wide are now averaging 6.8 client visits per day, per counselor.
- The Deputy Chief Consultant for VA's Office of Mental Health Services reported that in FY 2004, VA medical centers treated a total of 274, 285 veterans for PTSD. This represents 20 percent of all veterans treated for mental health problems. At the end of 2004, there were 144 specialized PTSD programs system-wide and available in every state.

2. **Summary of information from Walter Reed Army Institute of Research:** Col. Charles W. Hoge, M.D., Chief of Psychiatry and Behavioral Science, met with the Committee to review the research findings from his Land Combat Study of soldiers and marines serving in Afghanistan and Iraq. The study results include findings regarding combat-related stressors of military duty in OEF/OIF, the mental health and other readjustment problems of returning combat soldiers from Afghanistan and Iraq and the psychological stigmas against their readily accessing care for such problems. Dr. Hoge's research findings have been published in two sources:

- "Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care", The New England Journal of Medicine, July 1, 2004.
- "Mental Health Problems, Use of Mental Health Services, and Attrition from Military Service After Returning From Deployment to Iraq or Afghanistan", JAMA, March 1, 2006.

VI. Summary of Recommendations: The recommendations below are those generated by the Committee during its meeting in Washington, DC in October 2005.

The Committee again commends VA for establishing a Seamless Transition Program Office to engage in active partnerships with the Department of Defense (DoD) to ensure a transfer of returning battle wounded soldiers into the VA system of health care and benefits that is timely, effective and responsive to the needs of this new era of war veterans. Based on information provided by its Director, the Committee further acknowledges the significant achievements made by the Office of Seamless Transition in effectively staffing the office and producing outcomes of value to veterans for transitioning service members with war-related disabling conditions processing out of the military.

1. The Committee recommends that VA continue to fully support institutionalization of the service activities and functions of the Seamless Transition Program Office. Given that full implementation of an interagency system of seamless transition from active military to veteran status is contingent upon timely transfer of relevant information from the military to VA, the Committee recommends that VA and DoD continue ongoing collaboration to fully implement a system of automated information exchange compatible to the needs of both agencies to include the following categories of information:

a. The Committee recommends that VA and DoD continue collaborative efforts to establish full and timely electronic transfer of individual military medical information, to include relevant military medical records with specific diagnoses made and treatments provided.

b. The Committee recommends that VA and DoD work together to establish a system for automated transfer of military experience information to include years and branch of service, military occupation specialty, military awards, campaign ribbons and/or unit citations, POW status and/or membership in special operations units. Specific documentation of the period and location of service provides vital information needed to establish possible war-related stresses associated with types of combat military operations such as wars, armed conflicts and/or peacekeeping missions under hostile conditions. Documentation of specific periods and locations of service also provides vital information as to natural environmental hazards related to weather and terrain, war-related environmental exposures, any other adverse medical conditions and war-related traumas, physical and psychological.

c. To promote effective and timely outreach, the Committee recommends transfer of demographic and geographic information regarding total troop strengths for particular conflict operations broken out by gender, ethnicity, branch of service, and by Active Military, National Guard and Reserve. Also important in this category is geographic information about the number of demobilizing military personnel, the localities of specific demobilizing units and demobilization sites, and the service member's home locality information by state, city and zip code. The latter information enables VA outreach workers to target the populations of those service men and women soon to become veterans eligible for VA services.

2. Given that over 40 percent of the Nation's current military force is comprised of National Guard and Reserve Component personnel, and that these service members tend to be on the average older, married with families and established employment careers, the Committee recommends that the Under Secretary for Health ensure full and adequate funding for Vet Center outreach programs specifically targeted to inform and engage returning NG and Reserve soldiers.

3. Given the centrality of employment concerns among the readjustment problems of older returning NG and Reserve troops, the Committee recommends that VA's Office of Seamless Transition include the Office of Veterans Employment and Training of the Department of Labor as a full interagency partner in their efforts to coordinate a seamless transition for new veterans.

4. Given that NG and Reserve personnel are under separate leadership hierarchies, the Committee recommends that VA outreach efforts be specifically tailored for the two service components and coordinated with the unique command structures of each of the military organizations.

5. In view of the Vet Center program's central role in providing outreach and early intervention to returning war veterans and given Dr. Hoge's findings

related to the psychological stigmas of many combat soldiers against accessing professional help for war-related problems, the Committee recommends that VA fully support the Vet Center program's GWOT outreach campaign with sufficient staff and other resources. The Committee further recommends that such resources be external to the Vet Center program's current operating budget and be converted to career for all 100 GWOT outreach workers.

6. Given that Vet Centers are engaged in conducting an aggressive outreach program and that Vet Center counselors are providing services at close to capacity, the Committee recommends that VA provide resources external to the Vet Center program to establish new Vet Centers and to augment staff at existing Vet Centers. The Committee further recommends that the sites for new Vet Centers and staff augmentation be strategically identified in conjunction with the Readjustment Counseling Service based on such criteria as large veteran populations currently underserved, underserved rural areas, and proximity to military demobilization sites.

7. In view of the central role played by Vet Center staff volunteers in responding to national emergencies over the years and in view of the relatively small size of the program's scarce human resources, the Committee recommends that VA provide resources as necessary to support a more permanently established Vet Center emergency response program. In the Committee's view this would include resources for training and certifying a larger cadre of qualified staff, travel funds to sufficiently support mobilizing and housing response teams for several weeks, local travel funds to support outreach, case management and coordination in devastated areas, and funds to temporarily back fill vacated staff positions at Vet Centers.

8. The Committee understands the deleterious impact of Hurricane Katrina on the readjustment of troops from the Louisiana National Guard returning from a tour in Iraq at the same time. In this regard, the Committee commends the Vet Center program for its efforts to coordinate with active military and local National Guard officials and to provide outreach and debriefing services for several thousand Louisiana National Guard soldiers at the Ft. Polk demobilization site. Many of these soldiers from the New Orleans area required additional counseling services related to loss of property and family members, or both. Also, the associated anarchism and loss of community in New Orleans was an added stressor for many soldiers returning from war. The Committee recommends that destruction of American communities due to disaster, natural, civil, and/or terrorist, be recognized as serious stressors affecting the readjustment of war soldiers, and that the Vet Center program's response in such situations be fully supported via sufficient resources.

9. Given that many young men and women enlist in the armed forces to gain access to financial resources to be used in pursuit of higher education following their military service, the Committee recommends that VA undertake a proactive campaign to inform veterans about educational opportunities readily available to veteran returnees from combat duty in Afghanistan and Iraq. In the Committee's view such an initiative would entail active outreach by VA nationwide to: 1) establish effective liaison with all colleges and universities within local catchment areas; 2) inform GWOT veterans of higher educational opportunities; 3) encourage veterans to take advantage of available educational resources; and 4) provide such supportive assistance to the veteran as necessary to facilitate referrals for enrollment in career enhancing educational programs. The Committee further recommends that the community-based Vet Center program take a lead role in this endeavor and that Vet Center service providers fully incorporate education and career development into the clinical assessment and treatment procedures.

10. The Land Combat Study undertaken by Dr. Charles Hoge provides significant research findings regarding the combat-related stressors of military duty in OEF/OIF, the mental health and other readjustment problems of returning war veterans and the psychological stigmas against their readily accessing care for such problems. Given these findings, the Committee recommends that VA's community-based Vet Centers be fully utilized to provide veterans with early intervention and supportive education for suicide prevention, substance abuse prevention and family relationship wellness counseling. In the Committee's view, such early intervention strategies will help veterans stabilize their life circumstances and help to preclude the development of more chronic problems.

11. The Committee understands that, due to the heavy commitment of National Guard and Reserve component forces in OEF/OIF, close to 50 percent of the fighting force now serving is married and has a family. Therefore, the target population of families and family members potentially eligible for family readjustment counseling at Vet Centers is significantly increased in comparison to former combat eras. Given this situation among the new population of returning war veterans, the Committee recommends that VA increase the family therapy capacity of the Vet Center program by adding a qualified family therapist to the staff of some Vet Centers, the number and location to be determined by RCS in conjunction with the USH.

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